

Home-Based Child Care Study Committee

July 31, 2007

Community Empowerment perspective on its role to support home-based child care

- ❖ Local boards play a role in **planning** – when gaps/needs are identified they provide attention and possibly **resources** to the issues that arise.
- ❖ Gaps are identified through local assessment and planning processes. Local boards select how best to address that gap or need. Since the creation of the QRS system, many boards have supported the expansion of that program. This can be accomplished in a multitude of ways. (see handout).
- ❖ Many boards have built stronger relationships with their local Child Care Resource and Referral agency in order to expand their role in supporting home child-care providers.
- ❖ The following are estimates (based on budget project projections for FY 07 funding):
 - '07 Community Empowerment Area (CEA) boards utilized close to \$900,000 in funding to support quality improvements or offer incentives to child care providers.
 - '07 CEA boards utilized over \$2,860,000 to support nurse consultants, home consultants, and center consultants to work with centers and homes – again to address issues of quality of care.
 - '07 CEA boards utilized almost \$800,000 to cover training and professional development opportunities for both home and center care providers.
 - TEACH Iowa Scholarships – Supports to home, center, and preschool providers as they complete formal education. (\$395,000 last year from empowerment from the professional development state-level funding)
 - QRS/Environment Rating Scale training (\$186,000 this year from the empowerment professional development state-level funding).

Long-range plans

- ❖ Iowa Empowerment Board adopted statewide indicators. (The handout references those indicators that support the result area of safe and supportive child care environments.)
- ❖ In January 2006 the Iowa Empowerment Board released information from an incentives study conducted by Iowa State University and Iowa State University Extension. An executive summary document is also attached in the handout. A couple of items worth noting are 1) financial incentives matter to the ECE workforce; 2) health insurance and retirement planning are major reasons for workforce turnover.
- ❖ The Iowa Empowerment Board continues to provide leadership to promote evidence-based programming. (See goals, strategies and action steps from the Board's Strategic Plan). In the area of home child care, local boards encourage registration and participation in the QRS system. Some provide resources to support providers that are considering national family care accreditation. Training and education also are supported by community empowerment.

Iowa Empowerment Board Priorities: Goals and Strategies

Goal 1: Achieving Results

The Iowa Empowerment Board will empower Iowans and their communities to achieve desired results for improving the quality of life for children (0-5) and their families.

Strategy 1.1-Promote best practice by providing evidence in support of: research-based activities, services, products and board procedures and strategies

Action Steps

#1 Identify sources of best practices for early care, health and education and make available to the 58 community empowerment areas

#2 Provide support and tools to community empowerment areas in selecting best practices

#3 Establish a clearing house of best/innovative practices from community empowerment areas and make available to the 58 areas

#4 Identify and provide best practices for managing accountability systems at the local level

Strategy 1.2- Support Early Childhood Iowa goals to achieve measurable results for the early care, health & education system through community empowerment.

Action Steps

#1 Within ECI, support and promote evidence-based ECHE programs

#2 Develop methodology for collecting and analyzing required indicators for community empowerment areas

#3 Review trend lines of data in ECI strategic plan

#4 Link IEB and local boards to that of ECI Strategic plan

Strategy 1.3- Support comprehensive, asset based, community planning and assessment.

Action Steps

#1 Conduct survey of community empowerment areas for training needs for conducting comprehensive, asset based, community assessment and training

#2 Provide workshop for local community empowerment areas on tools and processes for conducting comprehensive asset based community assessment and planning

Strategy 1.4 - Enhance linkages that support children and families.

Action Steps

- #1 Make community empowerment presentations to service organizations, local government, employers, board of supervisors and chamber of commerce to raise the awareness of family friendly practices
- #2 Partner with and encourage state, regional and local economic development organizations to leverage support for early child learning (care, health and education) activities
- #3 IEB members will serve as state board liaison to local boards

Strategy 1.5 - Support flexibility and innovation to maximize efficient utilization of assets and resources.

Action Steps

- #1 State board policy discussion regarding flexibility and innovation in relationship to state accountability for results; currently the responses from community empowerment areas vary, using flexibility and innovation in achieving results
- #2 Establish a clearing house of best/innovative practices and make them available to other community empowerment areas

Goal 2: Collaboration

The Iowa Empowerment Board, public and private organizations, and communities utilize focused collaborations to build an interdependent system that avoids duplication and is both comprehensive and integrated, for children (0-5) and their families.

Strategy 2.1: Facilitate and champion efforts to integrate early care, health and education systems

Action Steps

- #1 Engage Early Childhood Iowa in conversations about these issues.
- #2 Identify similar partners into a conversation about these issues.
- #3 Engage Head Start's Regional Office into a dialogue to maximize head start resources with other early childhood funding sources.
- #4 Identify the barriers to integration of the Early Care, Health, and Education system.
- #5 Coordinate the Early Childhood Coordinated Leadership Group.
- #6 Act as a Partner supporting the Child Care Voluntary Quality Rating System.

Strategy 2.2- Promote private (individuals, organizations and community), as well as public involvement in the development of early childhood initiatives.

Action Steps

#1 Create and support the Business Community Advisory Council

#2 Explore opportunities and begin a dialogue with Farm Bureau and any other statewide organizations that have a local chapter.

Strategy 2.3 - Recognize, respect, enable and empower local citizens to lead collaborative efforts.

Action Steps

#1 Provide board development training opportunities.

#2 Support local boards to building a stronger link with low-income parent representatives with children in Head Start centers.

#3 Reach out to new lowans, support programs that address language, culture, etc.

Strategy 2.4 - Foster effective and accountable partnerships within and between all levels for shared accountability.

Action Steps

Strategy 2.5 - Promotion and sharing of resources and best practices for achieving successful collaborations.

Action Steps

#1 Provide more information via the state empowerment website regarding local resources.

#2 Certification Training for empowerment coordinators.

Goal 3: Advocacy

The Iowa Empowerment Board will lead policy development and build public engagement for support for Early Childhood and Early Learning for children (0-5) and their families.

Strategy 3.1- Promote Iowa's early childhood vision and Empowerment's results.

Action Steps

#1 Move forward, where feasible, the recommendations of the Business Community Investment Advisory Council

#2 Increase total investment in funding to help young children in the early care, health, and education field

#3 Encourage business to conduct their own activity

#4 Make the case for corporate self-interest and then take the case to the corporations

#5 Develop a statewide marketing campaign with logo, tools, materials for all promotional purposes

#6 Develop a financing plan that is tied to economic development, gather a list of business councils, labor organizations and foundations

Strategy 3.2 - Increase business and foundation involvement and investment in support of quality early childhood experiences.

Action Steps

#1 Use existing and newly developed “pocket card” with information about what return Iowan’s get for their investment in early childhood.

#2 Board members commit to make community presentations where they would share information regarding the return on the investment in early childhood

#3 Share both national and state data

#4 Foster an Early Childhood “champion(s)”

Strategy 3.3 - Serve as champions for adequate financial support and resources in Iowa for quality environments for early childhood.

Action Steps

#1 Partner with local boards through attendance at local board meetings and attending redesignation site visits

Strategy 3.4 - Foster partnerships within and between the state and communities to advocate for Iowa’s vision and reaching the Empowerment results.

Action Steps

#1 Partner with local boards through attendance at local board meetings and attending redesignation site visits

#2 Provide tools to communities that are easily accessible and useable

#3 Attend the Early Care, Health and Education Congress that is co-sponsored by Iowa Community Empowerment.

Strategy 3.5 - Increase public engagement to support the importance of Early Childhood and Early Learning experiences.

Action Steps

#1 Provide vehicles for businesses to support early childhood and get more involved. Both on a large scale and small scale, based on the recommendations of the Business Community Investment Advisory Council.

#2 Share models of successful business partnerships with an early childhood focus.

#3 The board will showcase successful ventures from local CEAs.

#4 Make use of public engagement materials produced by Early Childhood Iowa



Possible Ways for Empowerment Area Boards to support
Providers who choose to participate in Iowa's Quality Rating System for Child Care.



Item	Overview/Summary	Targeted Audience	Website	Contact Information
Professional Development -				
Level 2 requires child development home providers to be Child Net certified.				
Additional series of ChildNet <i>*Fund additional series through CCR&R</i>	This 10-module training series (25 hours) is intended for individuals wishing to start a child care business in the home or experienced home child care providers who wish to improve their program.	Home providers only	http://www.dhs.state.ia.us	CCR&R Regional Training Coordinators http://www.dhs.state.ia.us To locate the regional training coordinator, visit the above link, click Child Care and scroll down the page for information for each CCR&R region.
Support for ChildNet (CN) certification (staff housed in CCR&R to complete CN certification visits and/or specific materials needed to meet CN certification requirements) <i>*Fund support needed to prepare the provider for the CN visit or for staff time to conduct the visit</i>	Once a child care provider completes the ChildNet (CN) series (see above), they are eligible to take the next step and become CN certified. The home consultants housed in the CCR&R offices can assist the providers in understanding the additional requirements necessary. Funds could be used for supporting staff time or to purchase materials to assist with improvements needed for CN certification. Ideas for materials would include such things as health & safety items, curriculum helps, business kits (or other business practices materials), toys & equipment.	Home providers only.	http://www.dhs.state.ia.us	CCR&R Regional Home Consultants http://www.dhs.state.ia.us To locate the regional home consultant, visit the above link, click Child Care and scroll down the page for information for each CCR&R region.

Item	Overview/Summary	Targeted Audience	Website	Contact Information
Providers receive points towards Levels 3-5 for additional education and training hours				
TEACH Scholarships <i>*Fund additional scholarships</i>	A state-wide program offering college scholarships in the field of early childhood to those already employed in the field.	Home providers and center providers.		Barb Merrill, teachiowa@childcareservices.org PO Box 3326 Des Moines, IA 50316
Additional approved training opportunities <i>*Fund the cost of approved training</i>	In order to advance within the QRS, training hours above the DHS requirements for licensing or registration is required.	Home providers and center providers.	<i>QRS Web site</i> AND http://www.dhs.state.ia.us	CCR&R Regional Training Coordinators http://www.dhs.state.ia.us To locate the regional training coordinator, visit the above link, click Child Care and scroll down the page for information for each CCR&R region.
NAC training <i>*Fund registration fee to attend; cost of training; cost of materials</i>	The National Administrator Credential (NAC) is a forty (40) hour comprehensive training for child care and education administrators providing the only national recognized director credential. This training is being offered around the state to for-profit and not-for-profit programs, and will benefit experienced or inexperienced directors and administrative staff. Topics include program development, staff & systems management, facility, legal issues, financial management, community relations and professional/self development.	Center providers only.	http://www.dhs.state.ia.us	CCR&R Regional Training Coordinators http://www.dhs.state.ia.us To locate the regional training coordinator, visit the above link, click Child Care and scroll down the page for information for each CCR&R region.
IQPPS training and support for self-assessment and quality improvement plan development <i>*Fund IQPPS facilitators; cost of the training; improvements for programs; stipends for program staff to take part in the training</i>	Based on the research of other states' early childhood program standards and comprehensive information of the National Association for the Education of Young Children (NAEYC) program standards and criteria, the Early Learning Work Team (Department of Ed) developed state standards based on all 10 of the NAEYC program standards and 45% of the NAEYC program criteria. The Iowa Quality Preschool Program Standards (QPPS) , were completed spring of 2004. These standards were developed to be used for programs with 3- and 4-year-old children. Note: Iowa's QPPS were not designed for programs serving infants and toddlers (birth - three) or child development homes.	Center providers only.	http://www.state.ia.us/education/ecese/cfcs/qpps/index.html	Mary Schertz, Consultant Iowa Department of Education Bureau of Children, Families, and Community Services Grimes State Office Building Des Moines, IA 50319 515/281-5433 Mary.Schertz@iowa.gov

Item	Overview/Summary	Targeted Audience	Website	Contact Information
Health and Safety				
Level 2 requires child development homes and centers to complete Business Partnership Agreements and Owner Surveys. Providers receive points towards Levels 3-5 for working with a nurse consultant regarding injury prevention, child record review, and health and safety assessments.				
Specific materials related to health and safety items <i>*Fund materials</i>	In order to advance within the QRS, the health & safety of the environment will be evaluated and improvements will be required, if needed.	Home providers and center providers.	Healthy Child Care Iowa http://www.idph.state.ia.us/hcci/	Sally Clausen, ARNP, BSN and Kim Tichy, CHES, BS Phone: (800) 383-3826 Fax: (515) 242-6013
Nurse consultants (must meet the definition in rule) <i>*Support of positions</i>	In order to advance within the QRS, the health & safety of the environment must be evaluated by qualified nurse consultants.	Home providers and center providers.	Healthy Child Care Iowa http://www.idph.state.ia.us/hcci/	Sally Clausen, ARNP, BSN and Kim Tichy, CHES, BS Phone: (800) 383-3826 Fax: (515) 242-6013
Environment				
Providers receive points towards Levels 3-5 for Environment Rating Scale scores and becoming accredited.				
Environment Rating Scale (ERS) Training <i>* fund additional ERS training series ECERS, ITERS, FDCRS) or technical assistance</i> <i>* fund equipment, material and resources to meet changes identified in each child care program's QRS ERS Program Improvement Plan.</i>	As programs/providers are trained in the use of the ERS and they complete the self-assessment and improvement plan, specific materials, training or technical assistance may be needed to increase their ERS score.	Home providers, infant and toddler providers, and center programs.	Environment Rating Scales: http://www.fpg.unc.edu/~ecers/ Iowa State University ERS Training Project http://www.extension.iastate.edu/childcare/QRS/ Registration for ERS classes contact CCR&R http://www.dhs.state.ia.us	Iowa State University Extension Local and Regional ISU Extension Contacts: http://www.extension.iastate.edu/childcare/QRS/staff_contact.pdf ISUERS Program Coordinator: Grace Aiton gaiton@iastate.edu ISU ERS Program Director: Lesia Oesterreich loesterr@iastate.edu Phone: 515-294-0363 CCR&R Regional QRS Specialists http://www.dhs.state.ia.us To locate the regional QRS specialists, visit the above link, click Child Care and scroll down the page for information for each CCR&R region.
Financial support and/or technical assistance support in reaching accreditation	Improving early childhood education through different systems of accreditation for programs that are committed to meeting national standards of quality.	Home providers and center providers.	NAEYC http://www.naeyc.org/accreditation/ NAFCC http://www.nafcc.org/accreditation/accreditation.asp	Visit the appropriate web site for on-line accreditation applications and information.

Item	Overview/Summary	Targeted Audience	Website	Contact Information
Family and Community Partnerships				
Providers receive points towards Levels 3-5 for membership in professional organizations.				
Financial support for memberships in NAEYC, NAFCC	<p>National Association for the Education of Young Children (NAEYC) is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8. NAEYC is committed to becoming an increasingly high performing and inclusive organization.</p> <p>The National Association for Family Child Care (NAFCC) is a non-profit organization dedicated to promoting quality child care by strengthening the profession of family child care.</p>	Home providers and center providers.	<p>NAEYC: http://www.naeyc.org/members/</p>	<p>NAEYC on-line application http://www.naeyc.org/membership/pdf/application.pdf</p> <p>NAFCC on-line application http://www.nafcc.org/membership/membership.asp</p>
General QRS Support				
Support to QRS specialists (under contract to CCR&R)	Each Child Care Resource and Referral agency receives funding to employ a QRS regional specialist. This person will provide resource coordination and technical assistance to QRS providers.	Home providers and center providers.	<p><i>QRS Web site</i> AND http://www.dhs.state.ia.us</p>	<p>CCR&R Regional Directors http://www.dhs.state.ia.us To locate the regional CCR&R office, visit the above link, click Child Care and scroll down the page for information for each CCR&R region.</p>

BENEFITS, REWARDS, & SUPPORT: INCENTIVES TO BUILD QUALITY & REDUCE TURNOVER IN THE IOWA CHILD CARE WORKFORCE

EXECUTIVE SUMMARY

During the 81st Session of the Iowa General Assembly, legislators charged the Iowa Empowerment Board with the task of studying incentives that would encourage professionals to enter and stay in the early care and education (ECE) field. With technical assistance from Iowa State University, this study used reports from former and current child care practitioners and those working in both centers and family child care. The study also draws on previous studies to provide baseline information on the education and wage levels of Iowa's ECE workforce, as well as outlining a framework for viewing current and potential efforts to encourage high quality professionals to become practitioners and remain active in caring for and educating Iowa's children.

The ECE workforce represents a large segment of the Iowa workforce. Excluding care provided through informal arrangements where money is not exchanged for services, current estimates indicate that Iowa has more than 12,000 facilities (centers or in-home) providing early care and education to its more than 570,000 children under the age of 13 years (U.S. Census 2000). Excluding preschool programs housed in public schools and informal child care arrangements where there is no reported exchange of money, Iowa's child care workforce alone employs more than 17,000 persons (Larson, Artz, Hegland, Kuku, & Otto, 2005).

Incentives may be broadly viewed as those for individual practitioners and those targeted at programs or facilities. Recruitment incentives for individual practitioners are designed to encourage individuals to enter the field by offering them benefits (such as those expected under other types of employment situations), providing support for the education process that does not have to be repaid, or rewards such as initial placement and salary at above-entry level. Professional development incentives support the existing workforce as its members improve their knowledge and skills through career counseling, training supports, and education supports. Finally, while professional development incentives could be viewed as efforts to retain the workforce, other more direct retention incentives include rewards such as money and equipment, recognition, and efforts to create a work environment that is productive and rewarding.

Workforce turnover

The most recent estimate of teacher turnover in Iowa's non-publicly funded child care centers is 20%, while centers are experiencing assistant teacher turnover at a rate

of 45%. Turnover for teachers and assistant teachers is significantly higher in urban centers than in rural centers. Turnover is much lower in Iowa early education programs where teacher education level is higher due to federal or state regulations (for example, Shared Visions or Head Start). Based on self-reported data provided during the Iowa Child Care Workforce Study (2002), the percent of child care business owners who have no idea when they will close their business is nearly half of this section of the workforce (41%).

Iowa has undertaken one program to provide incentives for professional development of the workforce. The Iowa T.E.A.C.H. program provides education, incremental wage increases or bonuses, and career counseling. In addition, each T.E.A.C.H. participant is required by contract to remain in their position – either at a child care center or as a family child care business owner – for at least one year after completion of their scholarship year.

Child care center programs

Teachers working in Iowa's child care centers during 2004 earned an average annual salary of \$20,316. Assistant teachers earned an average of \$15,115. Iowa teachers average 14.8 years of education, up eight-tenths from their average education level in 2000. Median salary for teachers in 2005 was \$18,720, an increase of approximately 18% compared to the 2000 report. For assistant teachers, education levels have increased by nine-tenths of a year, while median salary has increased from \$12,480 to \$14,976 (12%).

One out of every three Iowa child care centers makes health insurance available to full-time teachers with premiums either partially or fully paid by the center (33%), while dental insurance (with partially or fully paid premium) is available in 17% of centers. Other recruitment benefits more likely to be available include reduced child care fees (57%), written contracts (56%), and written job descriptions (92%).

Urban teacher and assistant teacher turnover is higher than rural and assistant teacher turnover. The highest teacher annual salary level for rural teachers is significantly lower than the highest teacher annual salary for urban teachers. Rural center staff report they are significantly less likely to have health insurance and professional development materials through their employers than are urban staff.

The most frequent reason that center practitioners work in the field is that the field is a personal calling or their career/profession. "Work to do while their own children are young" was the least common reason for working in child care among current center workers. Current center staff who plan to remain for more years in child care are those with more benefits available to them and those who see child care as a career. Those who see child care as a career are more likely earning a higher annual salary and have more benefits available to them.

Telephone interviews conducted with 11 individuals who had left work as a teacher or assistant teacher in a child care center in the previous 12 months indicated these former center staff would have been more likely to stay if the pay and benefits had been better. Both center directors and former center practitioners discussed the negative impact on the ECE field resulting from the lack of public recognition for the early care and education profession.

Family Child Care Practitioners

Average education level reported by randomly sampled, family child care practitioners in 2002 was 12.9 years. Wage reports from family child care practitioners in 2002 indicated a median annual salary of \$14,709. From this amount, these business owners paid an average of \$9,450 in expenses necessary to carry on their business. Thus, take home pay for the average family child care professional was approximately \$5,259 per year – or roughly \$2.02 per hour. For half of family practitioners, health insurance coverage was provided through the spouse or partner's employer. Nearly one fourth (23%) of family practitioners do not have health insurance for themselves, while 9% of those with dependent children say their children are uninsured.

Unlike current center practitioners, former family child care practitioners were most likely to see family child care as work to do when their children are/were young, and least likely to see family child care as their career or profession. The most common reason for leaving family child care was to make more money, which was indicated by nearly half of the former family practitioners surveyed. The second most common reason for leaving family child care was the challenge of juggling a home-run business with the practitioner's own family needs.

Four types of child care practitioners

This retention & recruitment study identifies a model explaining motivation for quality care and knowledge for four different types of practitioners:

- Child Development Professional,
- Nurturer,
- Personal Family Needs Practitioner,
- Convenience Seeker.

These types differ in the need for incentives related to motivation and skills. Due to limitations associated with the data collected for this study, it is not currently possible to estimate the number or percentage of providers who fall into each of these category types. It is important to note that only Convenience Seekers state that they can earn more money with less effort in child care than in other work, a statement that may reflect their work skills and work ethic. The Convenience Seeker is rarely seen working as a center practitioner, while the remaining three types can be found in both center and

family child care. The remaining three practitioner types all identify the need for wage and benefit incentives in order to remain in the field.

Child Development Professionals, as a group, typically have completed a post-secondary program in a profession related to child development. This practitioner sees child care/early education as her career or profession and tends to stay in the field longer than she had initially planned. Inadequate wages and/or benefits will drive these practitioners, who are the most likely of the four types to be knowledgeable and highly motivated to provide quality care, out of early care and education.

The second practitioner type, the Nurturer, enters the field because she loves to work with children. She sees child care as her calling, and intends to remain in the field. Only a catastrophe, such as her own health crisis or that of her spouse (e.g., cancer, multiple sclerosis, blindness, stroke), forces her to leave the field. Some Nurturers lost their in-home child care businesses upon moving to a new community where they lacked a network for referrals.

The third practitioner group is the Personal Family Needs practitioner. The Personal Family Needs practitioner temporarily leaves another profession to work in early care and education for a limited period of time, while her own children are young. After making the decision to leave her profession and open a family child care business in order to spend more time with her children, she often leaves because she finds that the demands of the family child care business leave her little time to spend with her own children. She may also work in a center for a time, if the benefits support her own need for child care. The Personal Family Needs practitioner who has a more recent college degree is likely to leave early care and education earlier than she had planned.

Convenience Seekers, the last group of practitioners, are seeking the easiest, most lucrative way to earn a living. The Convenience Seeker is typically found in family child care. This type resents limits put on her income-earning potential by state regulations that require training or that limit the number of children in her care and complains about difficult parents.. She leaves the field when regulations restrict her income or force her out (e.g. because a household member has a criminal offense) or when her housing circumstances prevent her from providing care in her home. She is not interested in any professional development or training program and her comments indicate a lack of awareness that additional training in child development, guidance, parent relationships, and/or business practices could have helped her be more successful at recruiting and maintaining clients.

Study results strongly indicate that wage and benefit increases are needed to attract and maintain qualified educators to early care and education settings. The task for a recruitment, retention, and professional development incentive system is to increase the understanding of the Nurturer and the Personal Family Needs practitioner, while

maintaining the motivation of the Nurturer, Personal Family Needs, and Child Development Professional. Comparable wages are critical. Clearly, no person can be motivated to pursue a two- or four-year degree in order to obtain an annual salary less than \$20,000. Currently wages in early care and education are lower than wages for custodial workers and animal caregivers. Affordable health insurance was also frequently mentioned by practitioners as a key to stay in the field.

Recommendations

Motivation to enter and remain in the ECE field is the result of an interplay of personal needs, meaning given to a person's work life, and events that require a change of course, especially when the employment situation does not support the life course change

Recommendation 1: Increase the number and size of financial incentives for the ECE workforce.

Recommendation 2: Make health insurance and retirement planning available to the ECE workforce.

Recommendation 3: Expand the availability of business practices training for center program administrators and develop similar training and technical support for family child care practitioners.

Recommendation 4: Create public awareness that early care and education is a highly respected and important profession.

Prepared by
Kathlene Larson, M.S.
CD-DIAL Research Director
Iowa State University Extension
and
Susan Hegland
Associate Professor Human Development and Family
Studies
Iowa State University

For more information, please call (515) 294-3452



Iowa Empowerment Board – Strategic Plan **2006 – 2009**

Vision Statement

“Every child, beginning at birth, will be healthy and successful.”

Mission Statement

The Iowa Empowerment Board supports communities by demonstrating and facilitating leadership and champions the process of collaboration to build a comprehensive and integrated system to achieve results for children (0-5) and their families.

Guiding Principles

The highly valued tenets of behavior, attitude, and action that drive the culture, work, and decision making of the Iowa Empowerment Board:

- Respect
- Responsiveness
- Results-Focused
- Best Practices/Evidence-Based
- Accountability
- Creative/Innovative
- Partnerships
- Informed Decision-making
- Broad-based Representation
- Agent of Change

Infrastructure to Support Local Communities

Infrastructure

- The Iowa Empowerment Board supports state and community partnerships and promotes collaboration among education, health and human services. Duties of the Board include:
 - Manage and coordinate the provision of grant funding
 - Designation, governance and oversight of community empowerment areas

- 58 Community Empowerment Boards representing all 99 of Iowa's Counties. These local boards are to be citizen-led to support and promote collaboration and develop systems in communities for young children and their families. Local board membership includes citizens-at-large, elected officials, consumers, and representatives from business, faith, human services, education, and health.
- An Interagency State Technical Assistance Team to facilitate the implementation of a comprehensive, integrated early care, health and education system, both at the state and local levels. The team is composed of staff from the Departments of Economic Development, Education, Human Rights, Human Services, Management, Public Health, and Workforce Development. Their role is to:
 - Provide Technical assistance to communities in identifying, planning and implementing strategies, including ongoing analysis and evaluation of those strategies, their results and identifying best practices in order for communities to develop a comprehensive system for early care, health and education for children birth to five years old.
 - Coordinate the Empowerment statewide initiatives within their department; individually participating and coordinating other Departmental staff participating as a team member in staffing the Empowerment initiative and assisting in the development of procedures and organizational structure; ensuring that executive management staff and policy staff are informed of recent developments.
 - Develop agendas, attend and help lead quarterly technical assistance meeting for the local coordinators.
 - Coordinate technical assistance on an as-needed/requested basis
 - Assist with the development of and participate in bi-monthly Iowa Empowerment Board meetings
 - Review local Annual reports (divide up with team members)
 - Provide Intensive TA and review with 1/3 of empowerment area boards each year, (amounts to approximately 9-12 days worth of individual time commitment each fall.) This constitutes our re-designation process. These visits focus on their board operations in addition to the regular annual report submitted.
 - Develop and deliver ongoing training to local areas
 - Update/develop tools to make available statewide
 - Participate in weekly team meetings
 - Contribute to statewide newsletter
 - Provide TA to areas via e-mail, phone, in person as requested, coordinate with the Office of Empowerment

Demographic Profile

For Children in Iowa:

- 221,553 children ages 0 –5 (est.)*
- 40% of children, under age 6 live in low-income families (2004)**
- 33% of all children, under age 18 live in low-income families (2004)**
- 12% of all children, under age 18, live in poor families (below the federal poverty threshold)**
- 28% of all white children, 80% of all black children, and 74% of all Latino children in low-income families**
- 51% of all children in urban areas, 21% of all children in suburban areas, and 32% of all children in rural areas live in low-income families**
- Iowa ranked 3rd in the nation in 2004 with 71% of children under age 6 with all parents in the workforce

Comparative Demographic Data*

Data Set	2000 Iowa	2004 Iowa	2004 Illinois	2004 Minnesota	2004 Missouri	2004 Nebraska	2004 South Dakota	2004 Wisconsin
Percent of children under 6 living in low income families	38%	40%	41%	26%	41%	39%	41%	36%
Percent of Children, under 6, with all parents in the work force	73%	71%	59%	65%	64%	68%	71%	66%
Percent of all low-income children in single-parent families	45%	46%	57%	49%	56%	44%	47%	58%
Children with parents with less than a high school education who are living in low-income families	80%	87%	85%	78%	76%	82%	77%	86%

*Source: Woods and Poole Economics, Inc, 2005

**Source: U.S. Current Population Survey, Annual Social and Economic Supplements, March 1995-2005 as published by the National Center for Children in Poverty

Notes and definitions:

The low-income threshold for a family of four was \$38,700 in 2005 and \$37,700 in 2004

The federal poverty threshold for a family of four was \$19,350 in 2005 and \$18,850 in 2004

Urban: A central city, as defined by the U.S. Census Bureau.

Suburban: Areas contained in a metropolitan statistical area (MSA), excluding central cities. An MSA is defined by the U.S. Census Bureau as a group of communities that are socially and economically integrated with an adjacent urbanized area. The urbanized area is defined as the central city, while the surrounding areas are defined as the suburbs.

Rural: An area that is not in a metropolitan statistical area (MSA), as defined by the U.S. Census Bureau.

Results, Indicators and Program Performance Measures

The following desired results are in statute. The indicators were developed by the Accountability workgroup of Early Childhood Iowa stakeholders and adopted by the Iowa Empowerment Board in August of 2005. To achieve the desired results, the primary focus shall first be on the efforts of the state and communities to work together to improve the efficiency and effectiveness of early care, education, health, and human services provided to families with children from birth through age five years.

Results

Indicators

Healthy Children

- Low Birth Weight
- Immunized Children

Children Ready for School

- Pre-literacy Skills
- Children in Quality Preschools

Safe and Supportive Communities

- Crime Rate
- Juvenile Crime
- Employment Rate

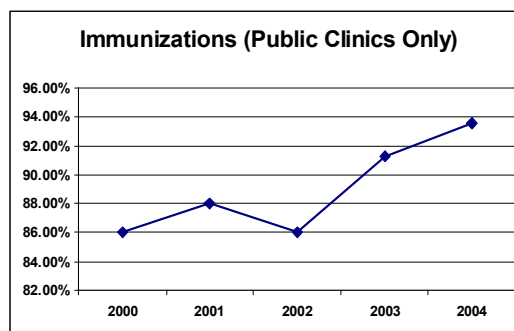
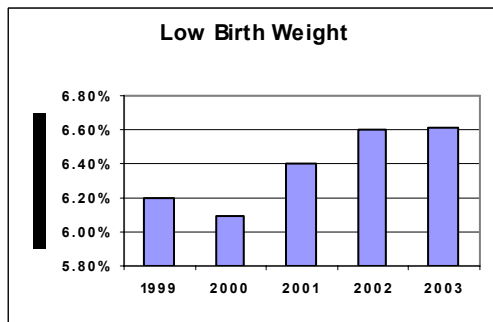
Secure and Nurturing Families

- Incidence of Child Abuse
- Teen Births

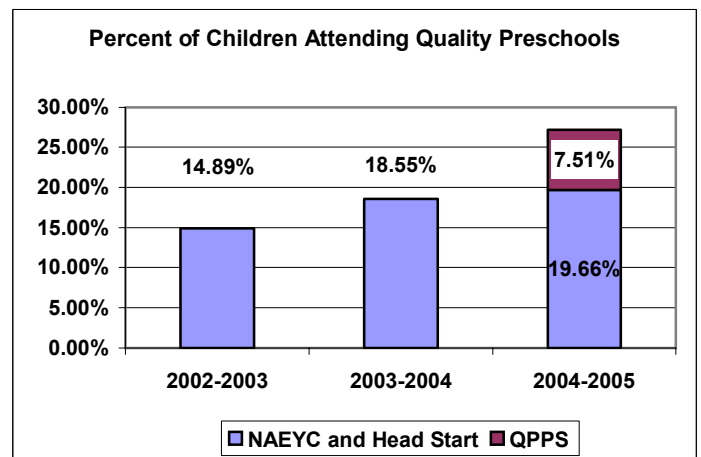
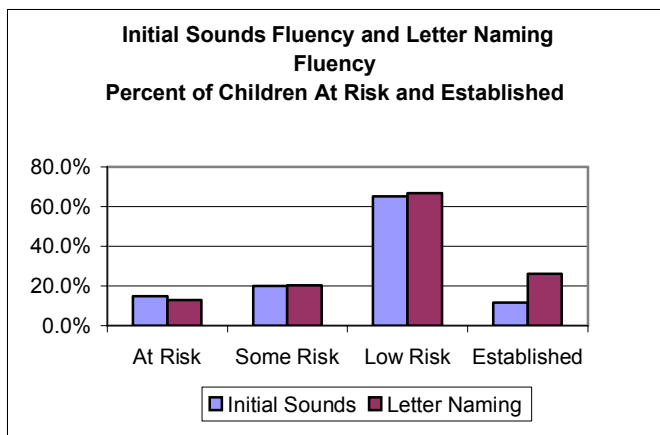
Secure and Nurturing Child Care Environments

- Availability of Child Care
- Child Abuse in a Child Care Setting
- Quality Child Care Ratings

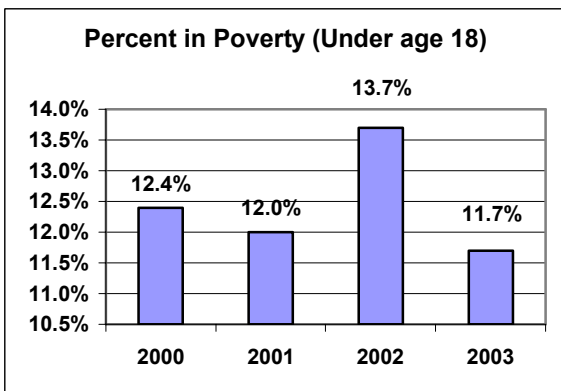
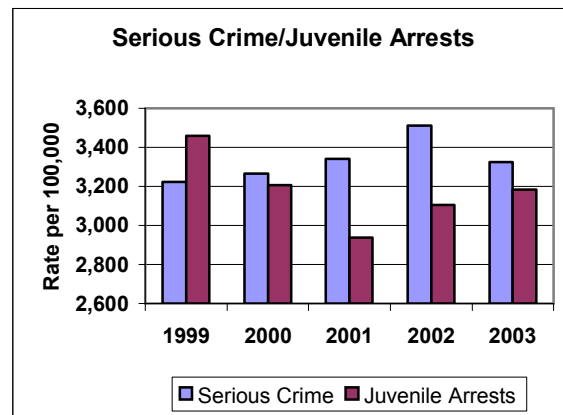
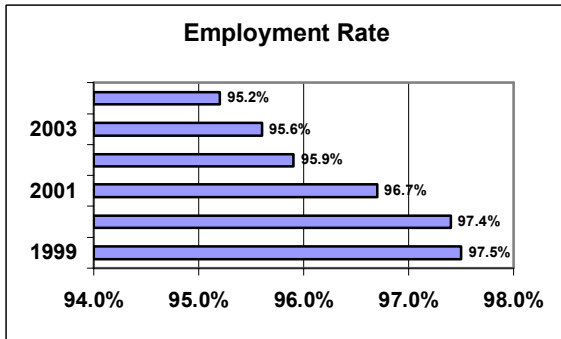
Healthy Children Adopted Indicators (Data Source information is found on Tool K (B) on the Empowerment Website.



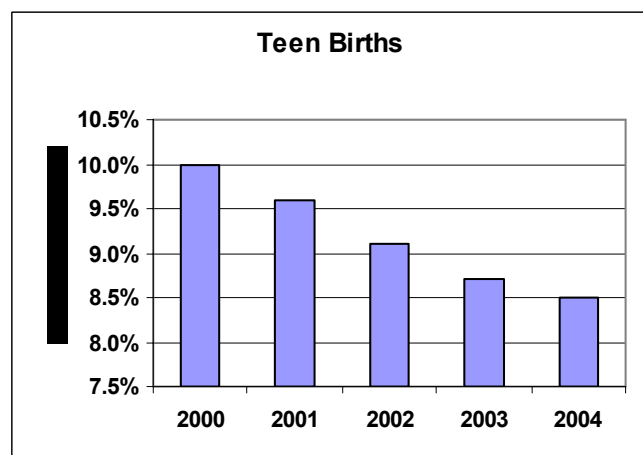
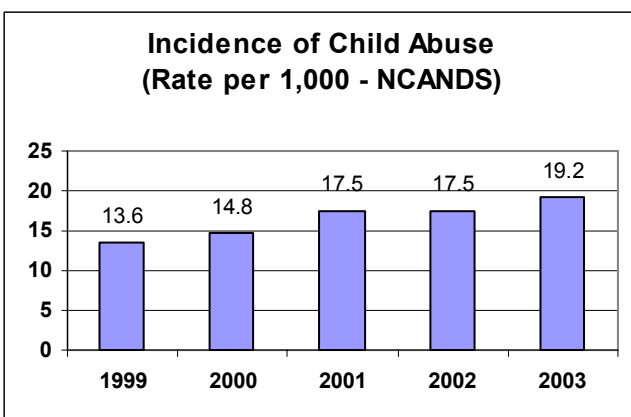
Children Ready to Succeed in School Adopted Indicators (Data Source information is found on Tool K (B) on the Empowerment Website.



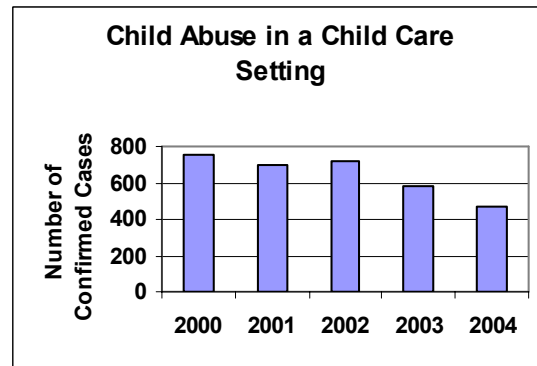
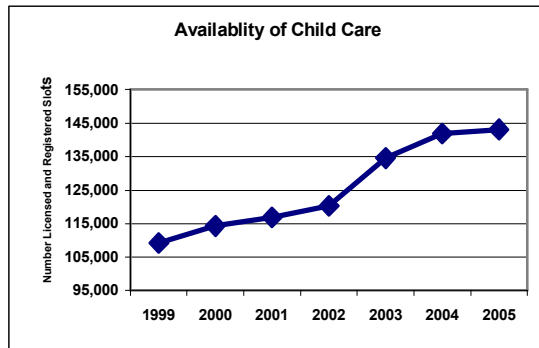
Safe and Supportive Communities Adopted Indicators (Data Source information is found on Tool K (B) on the Empowerment Website.)



Secure and Nurturing Families Adopted Indicators (Data Source information is found on Tool K (B) on the Empowerment Website.)



Secure and Nurturing Child Care Environments Adopted Indicators (Data Source information is found on Tool K (B) on the Empowerment Website.)



Performance Measures

The following program **performance measures** were developed by a workgroup composed of local community empowerment representatives and the state technical assistance team and adopted by the Iowa Empowerment Board in January, 2005. These performance measures, related **to locally-funded family support programs**, will be reported in the state-wide annual report beginning in state fiscal year 2006:

- *Number of children participating in home visitation programs*
- *Number of families participating in home visitation programs*
- *Number of face-to-face visits*
- *Percent of participant children who did not have a confirmed child abuse report while in the programs (FY '07)*
- *Percent of children, 0 –3 years old, referred to Early ACCESS services*

These performance measures, related **to locally-funded preschool assistance initiatives**, will be reported in the state-wide annual report beginning in state fiscal year 2006:

For the Programs who receive the funds:

- Identification of any or all of the quality standards met for programs receiving these funds
- Utilization of a Child Care Nurse Consultant for technical assistance
- Educational level of the head teacher
- Identification of the curriculum (s) used

For the Children Assisted with the funds:

- Total number of children assisted
- Age of children at the time assistance was first provided
- Children's gender (total number of each)
- Children's Race (total number of each)
- Children's Ethnicity (total number of each)
- Number of children with health insurance
- Percent of children with health insurance
- Number of children demonstrating age appropriate skills
- Percent of children demonstrating age appropriate skills

These performance measures, related **to locally-funded Professional Development activities**, will be reported in the state-wide annual report beginning in state fiscal year 2006:

Required measures include:

- Dollars Expended
- Total number of participants and as broken down by:
 - Number of administrators/directors
 - Number of teachers/early childhood providers
 - Number of assistant teachers
- Average cost per participant
- Percent of all participants completing coursework and as broken down by:
 - Percent of administrators/directors completing course work
 - Percent of teachers/early childhood providers completing course work
 - Percent of assistant teachers completing course work
- Percent of participants who report incorporating learning into policy or practice

Measures to report as applicable (Professional Development funds):

- Total number of credits earned
- Average number of credits earned by participants
- Number of participants working toward CDA
- Number of participants working toward associate degree
- Number of participants working toward bachelor degree
- Average cost per credit hour
- Percent of participants completing CDA
- Percent of participants completing associate degree
- Percent of participants completing bachelor degree
- Total number of participant hours logged
- Total number of CEU's earned

Additional performance measures will be developed to track progress toward the development of quality early care, health and education environments.

Assessment of Assets and Resources to Support Young Children & Families

There are federal, state and locally funded programs and services for young children and their families. Some are available in all 99 counties and others are geographically limited or pilot sites.

In the Spring of 2005, Early Childhood Iowa, supported with a grant from the Health Resources and Services Administration, compiled a “Snapshot” of state- wide services for young children and their families.

Full document can be found at:

http://www.state.ia.us/earlychildhood/Reports_ImportantDocuments/index.html

“Snapshot” Quick Reference of Services:

Early Childhood Services/Programs

Program	<u>Coordinating Agency</u>
ABCD/ ABCD-E Dental	Iowa Department of Public Health-Oral Health
Adolescent Pregnancy Prevention and Services Grant Programs	Iowa Department of Human Services
Apprenticeship/ T.E.A.C.H.	Iowa Child Care and Early Education Network
Child Care Assistance	Department of Human Services
Child Care Wraparound Grants	Department of Human Services
Child Care, Preschool, or Pre-Kindergarten Programs that are operated by an accredited public school district or nonpublic school	Department of Education
Child Health	Iowa Department of Public Health
Child Health Specialty Clinics (CHSC)	University of Iowa
Child Protection Centers	Iowa Department of Public Health
Early ACCESS	Department of Education
Early and Periodic Screening and Developmental Testing (EPSDT)	Iowa Department of Public Health
Early Childhood Special Education	Department of Education
Early Head Start	Iowa Head Start State Collaboration Office
Early Hearing and Detection and Intervention	Iowa Department of Public Health
Environmental Hazards Childhood Lead	Iowa Department of Public Health
Even Start	Iowa Department of Education
Expanded Food and Nutrition Program and Food stamp Nutrition Education	Iowa State University Extension

Program	<u>Coordinating Agency</u>
Family Development and Self-Sufficiency Program (FaDSS)	Department of Human Rights- Division of f Community Action Agencies
Family Development Certification Training	Iowa State University Extension to Families
for Congenital and Inherited Disorders	Iowa Department of Public Health
Head Start	Iowa Head Start State Collaboration Office
Healthy Opportunities for Parents to Experience Success (HOPES)	Iowa Department of Public health
Healthy Start	Healthy Start Coalition
Immunization Registry Information System	Iowa Department of Public Health
Iowa Department of Public Health-Oral Health	Iowa Department of Public Health-Oral Health
Iowa Infant Immunization Initiative	Iowa Department of Public Health
Iowa Program for Infant and Toddler Caregivers (IA PITC)	Iowa Child Care and Early Education Network
Iowa Review of Family Assets	Iowa Department of Public Health
Licensing-Child Care Centers	Department of Human Services
Maternal Health	Iowa Department of Public Health
Newborn Metabolic Screening	Iowa Department of Public Health
Nutrition Program for Women, Infants, and Children (WIC)	Iowa Department of Public Health
Parents as Teachers	SIEDA Community Action Partnership
Perinatal Program	Iowa Department of Public Health
Registration of Child Development Homes	Department of Human Services
Shared Visions Parent Support Programs	Department of Education
Shared Visions Preschool Programs	Iowa Department of Education
State Children's Health Insurance Program	Department of Human Services
Title V Dental	Iowa Department of Public Health-Oral Health
WIC Breastfeeding	Iowa Department of Public Health

Early Childhood System Development

Program	<u>Coordinating Agency</u>
ABCD II Project	Iowa Department of Public Health
Child Care Business Practices	Iowa Child Care and Early Education Network
Child Care Resource & Referral (CCR&R) System	Department of Human Services
Child Death Review Team	Iowa Department of Public Health

Program	<u>Coordinating Agency</u>
Community Empowerment	Iowa Department of Management
Early Childhood Comprehensive System Development	Iowa Department of Public Health
Healthy Child Care Iowa Campaign	Iowa Department of Public Health
Healthy Families Line	Iowa Department of Public Health
IAEYC	Iowa Association for the Education of young children
Iowa Early Learning Standards	Department of Education
Iowa Medical Home Initiative (IMHI)	University of Iowa
Iowa Quality Preschool Program Standards	Department of Education
Voluntary Quality Rating System	Department of Human Services

Public Education

Program	<u>Coordinating Agency</u>
Child Care Lasts a Lifetime Campaign	ISU Extension of Families
Iowa Fit Kids Coalition	Iowa Department of Public Health
Iowa Safe Kids Coalition	Iowa Department of Public Health

Evidence of Collaborative Efforts

- The Iowa Empowerment Board is made up of 22 voting members: 16 citizens and the directors of the Departments of Economic Development, Education, Human Rights, Human Services, Public Health and Workforce Development. Six legislators serve as ex-officio members.
- Local board membership includes citizens-at-large, elected officials, consumers, and representatives from business, faith, human services, education, and health. With 51% of the members being citizens or elected officials.
- The Iowa Empowerment Board is the convener of a leadership group of established councils and commissions with overlapping and similar purposes, for increasing coordination between these bodies, for eliminating bureaucratic duplication, for consolidation where appropriate, for improving the efficiency of working with federally mandated bodies, for integration of services and service quality functions to achieve improved results, and for integration of state-administered funding streams directed to community empowerment areas and other community-based efforts for providing early care, education, health, and human services. The Iowa Empowerment Board will make recommendations and provide an annually updated strategic plan to the governor and general assembly as appropriate for increasing coordination.
- The Iowa Empowerment Board adopted its vision statement as developed by the Early Childhood Iowa stakeholders and has endorsed that group's strategic plan for developing a comprehensive system of supports and services for young children and their families. The state technical assistance team has provided leadership to the Early Childhood Iowa stakeholders.
- In 2004, 2005, and 2006 the Departments represented on the Iowa Empowerment Board, under the coordination of the Department of Management, developed and presented joint Early Childhood budget offers to the Governor's Office.
- Recent legislation has produced some of the following in commitments:
 - Approximately an additional \$40 million for early childhood education, allowing for additional spending of for Community Empowerment's School Ready Funds for overall expansion and funding to be used for low income preschool tuition support, professional development opportunities, investments in improving quality; and looking for creative ways to invite business and community contributions to support early childhood in Iowa.
 - Additional monies for child care. Below are a few of the highlights for the additional dollars:
 - Implement a quality rating system;
 - Raise reimbursement rates for child care providers to the 2004 Market Rate Survey;
 - Raise the child care subsidy eligibility for families from 140% to 145% of the Federal Poverty Level;
 - Raise the child care subsidy eligibility for families of children with special needs to 200% of the Federal Poverty Level.

Iowa Empowerment Board Priorities: Goals and Strategies

Goal 1: Achieving Results

The Iowa Empowerment Board will empower Iowans and their communities to achieve desired results for improving the quality of life for children (0-5) and their families.

Strategy 1.1-Promote best practice by providing evidence in support of: research-based activities, services, products and board procedures and strategies

Action Steps

#1 Identify sources of best practices for early care, health and education and make available to the 58 community empowerment areas

#2 Provide support and tools to community empowerment areas in selecting best practices

#3 Establish a clearing house of best/innovative practices from community empowerment areas and make available to the 58 areas

#4 Identify and provide best practices for managing accountability systems at the local level

Strategy 1.2- Support Early Childhood Iowa goals to achieve measurable results for the early care, health & education system through community empowerment.

Action Steps

#1 Within ECI, support and promote evidence-based ECHE programs

#2 Develop methodology for collecting and analyzing required indicators for community empowerment areas

#3 Review trend lines of data in ECI strategic plan

#4 Link IEB and local boards to that of ECI Strategic plan

Strategy 1.3- Support comprehensive, asset based, community planning and assessment.

Action Steps

#1 Conduct survey of community empowerment areas for training needs for conducting comprehensive, asset based, community assessment and training

#2 Provide workshop for local community empowerment areas on tools and processes for conducting comprehensive asset based community assessment and planning

Strategy 1.4 - Enhance linkages that support children and families.

Action Steps

#1 Make community empowerment presentations to service organizations, local government, employers, board of supervisors and chamber of commerce to raise the awareness of family friendly practices

#2 Partner with and encourage state, regional and local economic development organizations to leverage support for early child learning (care, health and education) activities

#3 IEB members will serve as state board liaison to local boards

Strategy 1.5 - Support flexibility and innovation to maximize efficient utilization of assets and resources.

Action Steps

#1 State board policy discussion regarding flexibility and innovation in relationship to state accountability for results; currently the responses from community empowerment areas vary, using flexibility and innovation in achieving results

#2 Establish a clearing house of best/innovative practices and make them available to other community empowerment areas

Iowa Empowerment Board Priorities: Goals and Strategies

Goal 2: Collaboration

The Iowa Empowerment Board, public and private organizations, and communities utilize focused collaborations to build an interdependent system that avoids duplication and is both comprehensive and integrated, for children (0-5) and their families.

Strategy 2.1: Facilitate and champion efforts to integrate early care, health and education systems

Action Steps

- #1 Engage Early Childhood Iowa in conversations about these issues.
- #2 Identify similar partners into a conversation about these issues.
- #3 Engage Head Start's Regional Office into a dialogue to maximize head start resources with other early childhood funding sources.
- #4 Identify the barriers to integration of the Early Care, Health, and Education system.
- #5 Coordinate the Early Childhood Coordinated Leadership Group.
- #6 Act as a Partner supporting the Child Care Voluntary Quality Rating System.

Strategy 2.2- Promote private (individuals, organizations and community), as well as public involvement in the development of early childhood initiatives.

Action Steps

- #1 Create and support the Business Community Advisory Council
- #2 Explore opportunities and begin a dialogue with Farm Bureau and any other statewide organizations that have a local chapter.

Strategy 2.3 - Recognize, respect, enable and empower local citizens to lead collaborative efforts.

Action Steps

- #1 Provide board development training opportunities.
- #2 Support local boards to building a stronger link with low-income parent representatives with children in Head Start centers.
- #3 Reach out to new Iowans, support programs that address language, culture, etc.

Strategy 2.4 - Foster effective and accountable partnerships within and between all levels for shared accountability.

Action Steps

Strategy 2.5 - Promotion and sharing of resources and best practices for achieving successful collaborations.

Action Steps

#1 Provide more information via the state empowerment website regarding local resources.

#2 Certification Training for empowerment coordinators.

Iowa Empowerment Board Priorities: Goals and Strategies

Goal 3: Advocacy

The Iowa Empowerment Board will lead policy development and build public engagement for support for Early Childhood and Early Learning for children (0-5) and their families.

Strategy 3.1- Promote Iowa's early childhood vision and Empowerment's results.

Action Steps

#1 Move forward, where feasible, the recommendations of the Business Community Investment Advisory Council

#2 Increase total investment in funding to help young children in the early care, health, and education field

#3 Encourage business to conduct their own activity

#4 Make the case for corporate self-interest and then take the case to the corporations

#5 Develop a statewide marketing campaign with logo, tools, materials for all promotional purposes

#6 Develop a financing plan that is tied to economic development, gather a list of business councils, labor organizations and foundations

Strategy 3.2 - Increase business and foundation involvement and investment in support of quality early childhood experiences.

Action Steps

#1 Use existing and newly developed “pocket card” with information about what return Iowan’s get for their investment in early childhood.

#2 Board members commit to make community presentations where they would share information regarding the return on the investment in early childhood

#3 Share both national and state data

#4 Foster an Early Childhood “champion(s)”

Strategy 3.3 - Serve as champions for adequate financial support and resources in Iowa for quality environments for early childhood.

Action Steps

#1 Partner with local boards through attendance at local board meetings and attending redesignation site visits

Strategy 3.4 - Foster partnerships within and between the state and communities to advocate for Iowa’s vision and reaching the Empowerment results.

Action Steps

#1 Partner with local boards through attendance at local board meetings and attending redesignation site visits

#2 Provide tools to communities that are easily accessible and useable

#3 Attend the Early Care, Health and Education Congress that is co-sponsored by Iowa Community Empowerment.

Strategy 3.5 - Increase public engagement to support the importance of Early Childhood and Early Learning experiences.

Action Steps

#1 Provide vehicles for businesses to support early childhood and get more involved. Both on a large scale and small scale, based on the recommendations of the Business Community Investment Advisory Council.

#2 Share models of successful business partnerships with an early childhood focus.

#3 The board will showcase successful ventures from local CEAs.

#4 Make use of public engagement materials produced by Early Childhood Iowa